Risk Reduction Observation: Follow-Up Session Positive HIV Result

| Risk Reduction Specialist: | | Observer: | | | | |
|--|--|---|------------|------------|--------------|---------|
| Session Date: Site/Location: Did the Risk Reduction Specialist (RRS) also do the initial counseling for this client? □ Y | | _ Site/Location: | | | | |
| | | es 🗖 | No | | | |
| satisfactor nent and | rily during the session. Check the <i>Not Met</i> column to check the <i>Not Tried</i> column to show that the RRS control applicable. Use the <i>Comments</i> area to give me | to show that the RRS tried to did not try to cover the topic at | cover a to | opic but | t needs | improve |
| | | _ | Met | Not Met | Not Tried | N/A |
| | Introduce yourself to client (if first meeting with a | client). | | | | |
| | Re-explain confidentiality. | | | | | |
| | Verify that the result belongs to the client. | | | | | |
| | Assess client's readiness to receive the result. Provide result clearly and simply. | | | - | | |
| | Allow the client time to absorb the meaning of th | e result. | | | | |
| | Explore client's understanding of the result. | | | | | |
| | Assess how the client is coping with the result. | | | | | |
| esul | Address immediate concerns and fears. Acknowledge the challenges of dealing with a p | ositivo rosult | | | | |
| Test R | If applicable, assess the result with feelings about performed. | | | | | |
| Orient To Session and Provide Test Result | Did the RRS provide the result according to star Yes Tried to, but need improvement Comments: | | | | | |

| S | | Met | Not Met | Not Tried | N/A |
|-------------------------------|--|-----|------------|--------------|-----|
| Support and Provide Referrals | Assess who client would like to tell about his/her positive test result. | | | | |
| efe | Identify a family member or friend to help support the client. | | | | |
| e R | Discuss wellness strategies or "living positively." (If the client is not prepared | | | | |
|) yi | for this discussion, offer him/her printed material to reference at a later time.) | | | | |
| Pro | Identify current health care resources. | | | | |
| pu | Address the need for health care providers to know client's test result. | | | | |
| īt a | Explore client's access to medical services. | | | | |
| odc | If applicable, identify needed medical referrals. | | | | |
| of Sup | Assess client's receptiveness to referral, including Early Intervention. | | | | |
| | If applicable, help client access referral services. | | | | |
| Identify Sources of | Comments: | | | | |

| | | Met | Not Met | Not Tried |
|-------------------------------|--|-----|------------|--------------|
| | Refer to client's RR step. | | | |
| | Assess client's plan to reduce risk of transmission to current partners. | | | |
| | Explore client's plan for reducing the risk of transmission to future partners. | | | |
| | Address disclosure of HIV status to current and future partners. | | | |
| | Encourage the client to protect others from HIV. | | | |
| S | Revise the RR step. | | | |
| sne | Document the revised RR step with a copy to the client. | | | |
| Address Risk-Reduction Issues | Did the RRS review the prior RR step? ☐ Yes ☐ Tried to, but needs improvement ☐ Didn't try Did the RRS help the client revise/develop a realistic RR step? ☐ Yes ☐ Tried to, but needs improvement ☐ Didn't try Did the step address HIV/STD/HCV risk? ☐ Yes ☐ No Was the step appropriate to the client's risk? ☐ Yes ☐ No Was the step SMART? ☐ Yes ☐ No Did the step work from the client's strengths? ☐ Yes ☐ No Comments: | | | |

| | | Met | Not Met | Not Tried | N/A |
|---|---|-----|------------|--------------|-----|
| | Transition to discussion of Partner Notification. | | | | |
| | Resolve problems preventing client cooperation in partner elicitation. | | | | |
| | Elicit number of sex and/or needle sharing partners (# men and # women). | | | | |
| | Elicit number of marriage partners. | | | | |
| rra | Elicit names of partners. | | | | |
| efe | Elicit locating and identifying information. | | | | |
| Negotiate Disclosure and Partner Referral | Present and negotiate options for notification, encouraging health department referral. | | | | |
| Par | If applicable, coach client on all partners s/he wants to tell, encouraging health | | | | |
| pui | department referrals when client cannot demonstrate skills and steps for | | | | |
| re 2 | notifying partners. | | | | |
| nso | If applicable, negotiate follow up to assure self-referred partners receive | | | | |
| iscl | timely information. | | | | |
| () | Provide the client with support. | | | | |
| tiate | Comments: | | | | |
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| | | Met | Not Met | Not Tried |
|-----------|---|-----|------------|--------------|
| | Validate client feelings. | | | |
| | Summarize key issues addressed. | | | |
| l uc | Review client and RRS contact information. | | | |
| Session | Get the client's immediate plans. | | | |
| Sei | Close the session. | | | |
| ihe | Did the RRS provide appointment reminders? | | | |
| se t | ☐ Yes ☐ Tried to, but needs improvement ☐ Didn't try ☐ Not Applicable | | | |
| Close the | Comments: | | | |
| and (| | | | |
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| Summarize | | | | |
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Instructions: For this section, mark those skills, concepts and components the RRS used well in the first column, the skills she/he tried, but needs improvement on in the second column, and those skills she/he could have used but didn't in the third column.

| S | | Used Well | Needs Improvement | Could have used but didn't |
|--|---|-----------|----------------------|----------------------------------|
| n | Kept client's emotional status in mind. | | | |
| lodu | Maintained focus on RR. | | | |
| Com | Redirected client when necessary. Used open-ended questions. | | | |
|) pu | Used active listening techniques. | | | |
| S, a | Gave information simply. | | | |
| epts | Was nonjudgemental. | | | |
| ouc | Offered options, not directives. | | | |
| S, C | Provided opportunities for client to build skills. | | | |
| | Supported client. | | | |
| S 6u | Summarized and closed the session. | | | |
| Use of Counseling Skills, Concepts, and Components | Comments: | | | |

What things interfered with or supported the RR session (e.g. setting, interruptions)?

What did the RRS do that enhanced the quality and outcome of the session?

What could be improved about the RRS's work in this session?

| Describe the RRS's use of the protocol. | |
|---|--|
| Is there a need for an action plan for further improvement of the RRS's work? ☐ Yes ☐ No If yes, please describe. | |
| Did the RRS follow the goals in the correct order? □ Yes □ No If not, why not? | |
| | |